



# APPLICATION FOR A HEARING AID DEALER REPEAT EXAMINATION

State Form 50687 (R / 7-02)

Approved by State Board of Accounts, 2001

**HEALTH PROFESSIONS BUREAU**  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204-2739  
Telephone: (317) 232-2960

**\*Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.**

OFFICE USE ONLY	
RECEIPT NUMBER	C.M.
AMOUNT:	\$
DATE:	

ATTACH  
ADDITIONAL  
PHOTOGRAPH

Name of applicant		
Address (number and street, city, state, ZIP code)		
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Social Security number *	Date of birth	Telephone number
SHAD number	Expiration date	
Date of last examination	Number of times previously taken:	

**DATE OF NEXT EXAM:** \_\_\_\_\_  
**DEADLINE DATE:** \_\_\_\_\_

Submit the required fee payable to the Health Professions Bureau. Portions to be repeated:

☐ AUTOMETRIC SIMULATOR:

☐ AUDIOMETRIC / ORAL:

☐ EARMOLD IMPRESSION:

☐ INSTRUMENTATION:

☐ MEDICAL ORAL:

☐ WRITTEN:

**If you are taking the written exam submit the required fee in a MONEY ORDER MADE PAYABLE  
TO NATIONAL INSTITUTE FOR HEARING INSTRUMENTS STUDIES, the day of examination.  
(IMPORTANT DO NOT SEND THIS FEE IN WITH THIS APPLICATION.)**

**PLEASE TURN APPLICATION OVER FOR ADDITIONAL INFORMATION THAT MUST BE COMPLETED!!**

**NOTE:** If your answer is "YES" to any of the following, explain fully in a signed statement, including all related details. Include the violation, location and date. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license, certification or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? ☐ Yes ☐ No

2. Have you ever been denied licensure, registration or certification in any state (*including Indiana*) or country? ☐ Yes ☐ No

3. Have you ever been convicted of, plead guilty to or nolo contendere to any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☐ No

**If this information has been submitted with your original application and has not changed, please check here:** ☐

You only need to submit additional information if circumstances have changed since you last submitted an explanation regarding these questions.

**I hereby swear or affirm under the penalties perjury that the above statements are true, complete and correct.**

Signature of applicant

Date (*month, day, year*)